



**CITY OF RIVERSIDE
2019 COBRA RATES
HEALTH/VISION and DENTAL**

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL/DENTAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO \$15 COBRA				
Single	\$588.54	\$6.64	\$595.18	\$607.08
2-Party	\$1,188.84	\$9.50	\$1,198.34	\$1,222.31
Family	\$1,589.02	\$17.00	\$1,606.02	\$1,638.14
Kaiser Permanente HMO \$30 COBRA				
Single	\$533.02	\$6.64	\$539.66	\$550.45
2-Party	\$1,076.70	\$9.50	\$1,086.20	\$1,107.92
Family	\$1,439.14	\$17.00	\$1,456.14	\$1,485.26
Blue Shield HMO \$15 COBRA				
Single	\$705.14	\$6.64	\$711.78	\$726.02
2-Party	\$1,427.26	\$9.50	\$1,436.76	\$1,465.50
Family	\$1,971.30	\$17.00	\$1,988.30	\$2,028.07
Blue Shield HMO \$20 COBRA				
Single	\$597.58	\$6.64	\$604.22	\$616.30
2-Party	\$1,209.08	\$9.50	\$1,218.58	\$1,242.95
Family	\$1,669.28	\$17.00	\$1,686.28	\$1,720.01
Blue Shield PPO, Blue Card COBRA				
Single	\$1,007.14	\$6.64	\$1,013.78	\$1,034.06
2-Party	\$2,014.44	\$9.50	\$2,023.94	\$2,064.42
Family	\$2,569.16	\$17.00	\$2,586.16	\$2,637.88
Delta Dental PPO COBRA				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54
Delta Care Dental PMI/DHMO COBRA				
Single	\$21.24	N/A	\$21.24	\$21.66
2-Party	\$32.18	N/A	\$32.18	\$32.82
Family	\$47.92	N/A	\$47.92	\$48.88
Local Advantage Dental Plan COBRA				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54

*RATES ARE SUBJECT TO CHANGE

** INCLUDES 2% ADMINISTRATIVE FEE